



Take this
**Headache
 Assessment Quiz**
 Then give it
 to your doctor

Please answer these
 questions based on
the type of headaches
that interfere most
 with your daily activities

Headache Assessment Quiz

When you have headaches, how often do you ...
 (Circle one answer per question)

- | | | | | |
|---|-------|--------|---------|--------|
| 1. Have moderate to severe pain? | Never | Rarely | Usually | Always |
| 2. Have pulsating, pounding, or throbbing pain? | Never | Rarely | Usually | Always |
| 3. Have worse pain on one side of your head? | Never | Rarely | Usually | Always |
| 4. Have worse pain when you move or bend over? | Never | Rarely | Usually | Always |
| 5. Have nausea? | Never | Rarely | Usually | Always |
| 6. Have sensitivity to or are bothered by light? | Never | Rarely | Usually | Always |
| 7. Have sensitivity to or are bothered by sound? | Never | Rarely | Usually | Always |
| 8. Need to limit or avoid daily activities? | Never | Rarely | Usually | Always |
| 9. Want to lie down in a quiet, dark room? | Never | Rarely | Usually | Always |
| 10. See visual disturbances, spots, or light flashes? | Never | Rarely | Usually | Always |

What do your answers mean?
 (see other side)

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